

**REQUEST FOR LIVE SCAN SERVICE**

Applicant Submission

**ORIGINAL** - Live Scan Operator  
**SECOND COPY** - Requesting Agency  
**THIRD COPY** - Applicant

<b>ORI:</b> (Check <input checked="" type="checkbox"/> one)      Code assigned by DOJ			
		<input type="checkbox"/> CCLD A0448	<input type="checkbox"/> Trustline A1157
Type of Application: (Check <input checked="" type="checkbox"/> one)			
		<input type="checkbox"/> Employment	<input type="checkbox"/> License, Certification, Permit <input type="checkbox"/> Volunteer
Job Title or Type of License, Certification or Permit:			
Agency Address Set Contributing Agency:			
<b>CA Dept of Social Services</b>		<b>03502</b>	
Agency authorized to receive criminal history information		Mail Code (five-digit code assigned by DOJ)	
<b>744</b>	<b>"P" Street</b>		
Street No.	Street or PO Box	Contact Name (Mandatory for all school submissions)	
<b>Sacramento,</b>	<b>CA</b>	<b>95814</b>	(      )
City	State	Zip Code	Contact Telephone No.
Name of Applicant: (Please print) _____			
LAST		FIRST	MI
AKA's: _____		CDL No. _____	
LAST		FIRST	
DOB: _____		SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	
		Misc. No.    BIL - _____	
		AGENCY BILLING NUMBER (IF APPLICABLE)	
HT: _____		WT: _____	
		Misc. No.: _____	
EYE Color: _____		HAIR Color: _____	
		Home Address: (All applicants must complete)	
POB: _____		_____	
		STREET OR PO BOX	
SOC: _____		_____	
		CITY, STATE AND ZIP CODE	
Your Number: _____		Level of Service <input type="checkbox"/> DOJ <input type="checkbox"/> FBI	
If resubmission (select R2), list Original ATI No. _____			
<b>NOTE: NOT APPLICABLE FOR TRUSTLINE APPLICANTS</b>			
Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)			
Employer Name _____			
Street No.		Street or PO Box	
		Mail Code (five digit code assigned by DOJ)	
City	State	Zip Code	Agency Telephone No. (Optional)
Live Scan Transaction Completed By: _____			
		Name of Operator	Date _____
Transmitting Agency	LSID#	ATI No.	Amount Collected/Billed